



SPECIAL EVENT SERVICE REQUEST FORM

Effective 7/ 1/2018 - 06/30/2019

RECEIVED ON: _____

APPROVED BY: _____

REQUESTOR INFORMATION

Organization Name:		Council District #:	
Requestor Name:		Telephone Number:	
Request Date:		Cell Phone Number:	
E-Mail Address:		Fax Number:	

EVENT INFORMATION

Event Name:				
Event Date(s)/Time: <small>(30 days advance notice required for guaranteed service)</small>	Event Start Date:	Event End Date:	Event Start Time:	Event End Time:
Requested Package: <small>(Select Only One)</small>	<input type="checkbox"/> A - Blue Bin Only (\$97.20/event)	<input type="checkbox"/> B - Blue Bin Only (\$142.34/event)	<input type="checkbox"/> C - Blue Bin Only (\$380.44/event)	<input type="checkbox"/> D - Blue Bin Only (\$846.84/event)
	<input type="checkbox"/> A - Optional Staffing(\$574.94/day)	<input type="checkbox"/> B - Optional Staffing(\$687.78/day)	<input type="checkbox"/> C - Optional Staffing (\$800.62/day)	<input type="checkbox"/> D - Optional Staffing(\$1,488.40/day)
	<input type="checkbox"/> E - Non-Food (\$128.85/event)	<input type="checkbox"/> F - Non-Food (\$195.09/event)	<input type="checkbox"/> G - Non-Food (\$549.27/event)	<input type="checkbox"/> H - Non-Food (\$1,348.06/event)
	<input type="checkbox"/> E - Optional Staffing(\$574.94/day)	<input type="checkbox"/> F - Optional Staffing(\$574.94/day)	<input type="checkbox"/> G - Optional Staffing(\$800.62/day)	<input type="checkbox"/> H - Optional Staffing(\$1,488.40/day)
	<input type="checkbox"/> I - Food Event (\$160.38/event)	<input type="checkbox"/> J - Food Event (\$247.63/event)	<input type="checkbox"/> K - Food Event (\$717.38/event)	<input type="checkbox"/> L - Food Event (\$1,847.13/event)
	<input type="checkbox"/> I - Optional Staffing(\$574.94/day)	<input type="checkbox"/> J - Optional Staffing(\$574.94/day)	<input type="checkbox"/> K - Optional Staffing(\$913.46/day)	<input type="checkbox"/> L - Optional Staffing(\$2,289.03/day)
	<input type="checkbox"/> Custom Quote			
Optional Roll-Off Service:	<input type="checkbox"/> 40-Cubic Yard Bin (\$309.86 plus tip fees of \$60.00 per ton)		<input type="checkbox"/> 30-Cubic Yard Bin (\$309.86 plus tip fees of \$60.00 per ton)	
Cardboard Boxes:	<input type="checkbox"/> Refuse	Quantity	<input type="checkbox"/> Recycle	Quantity
Additional Liners (\$0.39 ea.):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Quantity of Additional Liners:	
Comments:				

BILLING INFORMATION

Bill to:	<input type="checkbox"/> Requesting Person/Organization/Sponsor/Vendor <input type="checkbox"/> Council Office (Authorized by: _____)		<input type="checkbox"/> General City Purpose Fund (Auth. by: _____)
Bureau of Street Services (BSS) Special Events Reference Number (if applicable):			
Subsidy Eligibility:	<input type="checkbox"/> Does not Apply	<input type="checkbox"/> 50% Special Events Subsidy	<input type="checkbox"/> Community Clean-Up (Restrictions Apply)
Name:			Telephone Number:
Billing Address:	Street Address		City Zip
Authorized Signature:	<i>I request the above collection services from the Bureau of Sanitation and agree to pay for services as listed on the Special Events Package List:</i>		Print Name

DELIVERY AND PICK-UP INFORMATION

Containers Drop Off Site:	Street Address		City	Zip
Roll-Off Bins Drop Off Site:	Street Address		City	Zip
Site Contact Person(s):			Site Contact Cell. Number:	
Drop Off/Pick Up Date/Time:	Drop Off Date	Pick Up Date	Drop Off Time	Pick Up Time
Comments:				
Signature upon Delivery:	<i>I have received the containers and services as indicated above and agree to the conditions listed below:</i>			Print Name

* Daytime Delivery/Pickup's will be scheduled between 7:00 a.m. and 12:30 p.m. (Mon-Fri). Containers delivered during daytime hours need to be stored in a secure location.
 * Tip Fees for Roll-Off Services will be determined once event has concluded.
 * Fee will be assessed for any lost or damaged containers.

SANITATION USE ONLY

No. of Blue Containers:	No. of Roll Off Bins:		
30 Gallon	Quote for Roll Off Bins does not include tip fees which will be assessed at the conclusion of the event 30 Yard 40 Yard Other		
No. of Black Containers:	Weight Slip Date	Truck Number or Roll-Off	Tons Dumped
60 Gallon			
	Date Sent	Confirmation	Confirmation to Organizers
			Confirmation to Council
Request Sent to Yard:			
Req. Sent to Special Events:			
Comments:			

TO BE COMPLETED BY THE REQUESTOR

SANITATION USE ONLY